

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90056 039 ****61.25

DOCUMENT # N05820

1. Entity Name

FAITH ASSEMBLY CHRISTIAN CHURCH OF MIRAMAR BEACH

Principal Place of Business

Mailing Address

**306 GERONIMO
 DESTIN FL 32541**

**PO BOX 1536
 SANTA ROSA BCH. FL 32459-1536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2936244

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNETT, TOY R.,JR.
 282 SNOWDRIFT
 DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNETT, TOY R., JR.	
STREET ADDRESS	282 SNOWDRIFT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARNETT, RENA	
STREET ADDRESS	282 SNOWDRIFT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	SCHILE, DONALD J.	
STREET ADDRESS	735 SPRING LAKE DR.	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILE, ELLEN B.	
STREET ADDRESS	735 SPRING LAKE DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESIUS, SHANNON	
STREET ADDRESS	3 COOSA CT	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESIUS SHANNON	
STREET ADDRESS	320 SANDMYRTLE TR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 850 650 1559

Date

Daytime Phone #

CR2E037 (9/99)